State of New Hampshire

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Business ID: 723333
William M. Gardner
Secretary of State

Form LLC-1 RSA 304-C:31

Filing fee: \$50.00
Fee for Form SRA: \$50.00
Total fees \$100.00
Use black print or type.

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, under the New Hampshire Limited Liability Company Laws submits the following certificate of formation:
FIRST: The name of the limited liability company is <u>JAB Masufacturing</u>
SECOND: The nature of the primary business or purposes are Plastic Extrusion
THIRD: The name of the limited liability company's registered agent is Fa.th Renee Brusseau
and the street address, town/city (including zip code and post office box, if any) of its registered office is (agent's business address) 51 Northwestern D2, Unit E SALEM, WH 03079
FIFTH: The latest date on which the limited liability company is to dissolve is FIFTH: The management of the limited liability company vested in a manager or managers.
SIXTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSX 421-B) *Signature: Print or type name: Title: **Devel Brusseau (Enter "manager" or "member") Date signed: **Date signe
To receive your ANNUAL REPORT REMINDER NOTICE by email, please enter your email address here: RBRUSSEAU© Comcast. Ne f

*Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mail fees, <u>DATED AND SIGNED ORIGINAL AND FORM SRA</u> to: Cor North Main Street, Concord NH 03301-4989. Physical location: 25 Ca

State of New Hampshire Form LLC 1 - Certificate of Formation 2 Page(s)



Form SRA – Addendum to Business Organization and Registration Forms Statement of Compliance with New Hampshire Securities Laws

Part I – E	Business Identification and Contact Informati	ON .	
Business	Name: JAB Manufacturing / // C		
Business	Address (include city, state, zip): 51 Northwes	tern Drive, Suite E, Salem, NH 03079	
Telephon	ne Number: (603) 912-5053 E-mai	l: RBrusseau@comcast.net	
Contact	Person: Faith Renee Brusseau		
Contact F	Person Address (if different):		
reiected.	IPLEASE NOTE: Most small businesses registe	f more than one item is checked, the form will be ering in New Hampshire qualify for the exemption in Part iness meets all of the requirements spelled out in A), B),	
1. <u>√</u>	 Hampshire because the business meets <u>ALL</u> (A) A) This business has 10 or fewer owners; B) Advertising relating to the sale of owners C) Sales of ownership interests – if any – we business. 	and ership interests has not been circulated; and will be completed within 60 days of the formation of this	
2	This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed -		
3	This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation -		
4	This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.		
Part III	Check <u>ONE</u> of the following items in Part III:		
1	This business <i>is not being</i> formed in New Hampshire.		
2. 🖊	This business <i>is</i> being formed in New Hampshire and the registration document states that any sale or offer for sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act.		
Part IV -	Certification of Accuracy		
2) an exe	ecutive officer of an existing corporation; or 3) <u>al</u> artnership; or 4) <u>one or more</u> authorized membe thorized partners of a registered limited liability ;) <u>all</u> of the incorporators of a corporation to be formed; or <u>I</u> of the general partners or intended general partners of a limited liability company; or 5) <u>one or partnership or foreign registered limited liability</u>	
l (We) ce	ertify that the information provided in this form is		
Name (p	rint): Faith Renee Brusseau	Signature: Task for	
	. 0.	Date signed: Max 23, 3015	
Name (p	rint):	Signature: Date signed:	
Name (p	rint).	Signature:	
, wille (p		Date signed:	